

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X
William E. Roth

Plaintiff,

-against-

DeVry College of N.Y.
Defendant(s).

APPLICATION FOR THE COURT TO
REQUEST COUNSEL

10 CV 5777 FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.
★ APR 14 2011 ★

Rec'd
4/14/11
(S)

BROOKLYN OFFICE

1. Name of applicant William E. Roth
2. Explain why you feel you need a lawyer in this case. (Use additional paper if necessary.)

LEGAL TERMS THAT I AM NOT AWARE OF AND A LAWYER
HAS THE KNOWLEDGE AND INSIGHT NEEDED TO PRESENT THE
TERMS & CONDITIONS OF MY CASE

3. Explain what steps you have taken to find an attorney and with what results. (Use additional paper if necessary.)

STARTED OUT WITH ATTY GOLDING BUT DID NOT HAVE FUNDS TO
PAY HER

4. If you need a lawyer who speaks in a language other than English, state what language you speak:

N/A

5. I understand that if a lawyer volunteers to represent me and my lawyer learns that I can afford to pay for a lawyer, the lawyer may give this information to the Court. I understand that if the Court grants this application in a complaint against the Commissioner of Social Security, the pro bono attorney, if successful, has the statutory right to request that the Court award a fee of up to 25% of the accrued Social Security or Supplemental Security Income Benefits. See 42 U.S.C. § 406.

6. I understand that if my answers on my Request to Proceed *In Forma Pauperis* are false, my case may be dismissed.

7. I declare under penalty of perjury that the forgoing is true and correct.

Dated: 4/11/2011

William E. Roth
Signature

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORKWilliam E. Poth

Plaintiff,

-against-

DeVry College of N.Y.

Defendant(s).

REQUEST TO PROCEED
IN FORMA PAUPERIS
IN SUPPORT OF THE
APPLICATION FOR THE COURT TO
REQUEST COUNSEL10 CV 5777 ()

I, William E. Poth (print or type your name) am the plaintiff/defendant in the above-entitled case and I hereby request to proceed *in forma pauperis* and without being required to prepay fees or costs or give security. I state that because of my poverty I am unable to pay the costs of said proceeding or give security therefor, and that I believe I am entitled to redress.

1. If you are presently employed, give the name and address of your employer and state the amount of earnings per month.

N/A

2. If you are not presently employed, state the date you were last employed and your earnings per month at that time. **You must answer this question even if you are incarcerated.**

11/ 2008 - \$48,000 annually

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

\$376.00 MONTHLY DISABILITY / U.S.M.C.


a) Are you receiving any public benefits?

☐ No☒ Yes, \$ 172.00 Food Stamps

b) Do you receive any income from any other source?

☒ No☐ Yes, \$ _____

4. Do you have any money, including money in a checking or savings account? If so, how much?



5. Do you own any apartment, house or building, stocks, bonds, notes, automobiles or other valuable property? If the answer is yes, describe the property and state its approximate value.

☒ No ☐ Yes, \$

6. Do you pay for rent or for a mortgage? If so, how much each month?

☒ No ☐ Yes, \$

7. List the person(s) that you pay money to support and the amount you pay each month.

8. State any special circumstances which the Court should consider.

Frequent vacuum breaks due to loose (loose) operation

I understand that the Court may dismiss this case if I give a false answer to any question in this declaration.

I understand that if the Court grants this application in a complaint against the Commissioner of Social Security, the pro bono attorney, if successful, has the statutory right to request that the Court award a fee of up to 25% of the accrued Social Security or Supplemental Security Income Benefits. See 42 U.S.C. § 406.

I declare under penalty of perjury that the foregoing is true and correct.

Dated:

4/11/2011


Signature

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

----- X
William Edward Rife

Plaintiff,

-against-

DeVry College of N.Y.
Defendant(s).
----- X

AFFIRMATION OF SERVICE

10 CV *577* ()

I, *William Edward Rife* (print or type your name), declare under penalty of

perjury that I have served a copy of the attached Application for the Court to Request Counsel upon the
defendant(s) or the attorney for defendant(s) _____

whose address is: *Paul Hugo Galligan 620 Eighth Ave NY, NY 10018*

by _____
(describe how you served document: For example - personal delivery, mail, overnight express, etc.)

Dated: *4/11/2011*

William Edward Rife
Signature

MAILING ADDRESS

65 West 96th St Apt 14E

Address

NYC NY 10025

City, State & Zip Code

NO-5777
65 WEST 96TH APT 14E
NYC 10025

NEW YORK NY 100
13 APR 2011 PM 2 L



ATT: PRO SE OFFICE
UNITED STATES DISTRICT COURT
FOR EASTERN DISTRICT OF N.Y.
225 Cadman Plaza East
Room 1185
Brooklyn NY 11201

